DOCUMENT RESUME

ED 277 272 FL 016 327

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TITLE EMP: A Diagnostic and Therapeutic Approach.
PUB DATE 86
NOTE 6p.; Revised version of a paper presented at a Meeting of the International Association of Teachers of English as a Second Language (Brighton, England, April 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Allied Health Occupations Education; *Curriculum Design; Educational Assessment; *English (Second Language); *English for Special Purposes; Medical Education; *Medical Students; Pharmacists; *Physicians; Program Effectiveness; Researchers; Scientists; Second Language Instruction

ABSTRACT

A 2-year study examined the relevance of English-as-a-second-language instructional materials for students in health care fields. The study gathered specific information on common medical activities requiring the use of English and identified problem areas. A random sample of students of medicine, pharmacy, and research science was surveyed, the largest and most diverse group being the medical students. The results suggest that while English language courses fostering all language skills are ideal, emphasis is best placed on oral communication skills. They also suggest that courses designed according to actual student language needs rather than ability, and addressing specific individual language problems, would be most appropriate. A two-part program focusing on syntax, language functions, pronunciation, and vocabulary development in the first segment and on discussion and conference skills in the second segment is recommended for the professional groups included in the study. (MSE)

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"EMP : A Diagnostic and Therapeutic Approach"

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EMP embraces a very broad spectrum of linguistic skills required to meet the varied needs of language learners working in different fields of medicine. Needs analyses for doctors, research scientists and pharmacists are presented, together with some practical ideas for teaching in these specialised fields.

Introduction

A 41-year-old leading rheumatologist presented with a history of allergic reactions to attempts at improving his oral fluency in English. "This is the fifteenth time I try to learn English", he claimed, probing the levels of my subconscious reasoning for an answer to his problems. He appeared to be suffering from a mild state of anxiety, pending a World Conference for Rheumatologists in India to which he had been invited to present his latest research. On investigation, both reading and writing skills proved to be adequate, while oral competence revealed chronic insufficiency. Further tests yielded parametric data which reflected serious inadequacies pertaining to oral production, in the areas of syntax, the pronunciation of specialised medical terminology, and the confusion of lexical items of a sub-technical nature. The diagnosis was complete and I set about devising an appropriate therapeutic regime.

This initiated a 2-year research project to determine the relevance of EMP materials to the needs of our students in the health care field. As it is not possible to present all the statistical data within the confines of this paper, I shall focus on the medical profession, and comment only briefly on the results obtained from simultaneous testing on pharmacists and research scientists.

Materials and Procedure

Needs Profile questionnaires were distributed at enrolment/counselling sessions. The purpose was to elicit specific information on common medical activities (e.g. conferences, doctor/patient communication, publication of research papers) requiring the use of English, and to identify perceived problem areas. A random sample from classes for doctors, pharmacists and research scientists was extracted and analysed according to perceived needs and apparent problems. The largest sample, and therefore the most reliable sample , was obtained from the doctors' classes. They comprised 40 medical language learners: 13 medical students, 3 anaesthetists, 3 internists, 3 surgeons, 3 gynaecologists, 4 registrars, 2 paediatricians, 2 neurologists, 2 orthopaedists, 1 E.N.T., 1 G.P., 1 cardiologist, 1 opthalmologist and 1 morphologist - a very broad spectrum of specialisms.

Results and Discussion

The findings are presented in 2 separate histograms (Figs. 1 & 2 below), detailing respondents' perceived needs and problems. In figure 1, a quick glance suggests a predominance of a need for reading over all other activities requiring the use of English. The third-highest column shows writing, of articles and reports, to be needed by 50% of the respondents. On the basis of these findings, it would be very tempting (and much less work!) to design a course for developing reading and/or writing skills for medical purposes.

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Figs.1 & 2: Needs Analyses (1984/85) by Questionnaire by Random Sampling of English for Doctors Classes

Figure 1

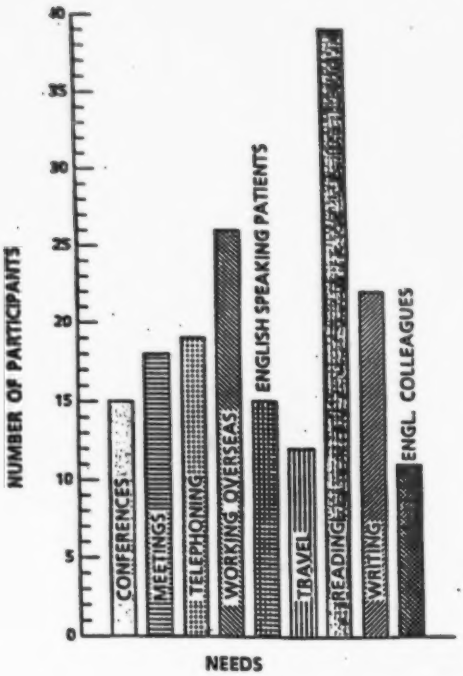
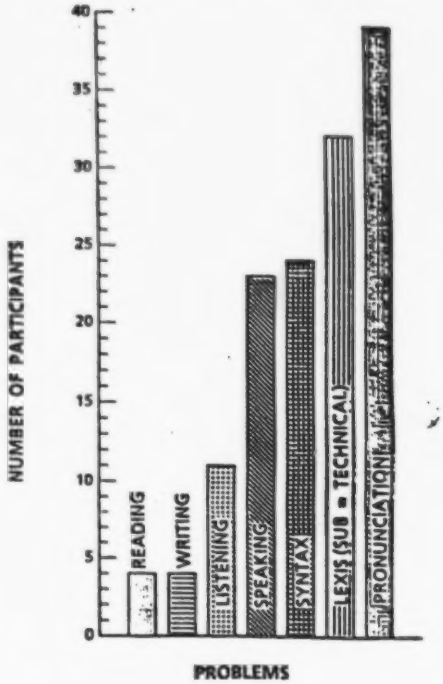


Figure 2



A glance at Figure 2, however, reveals a completely different picture. Here we can see that the main areas of perceived weakness concern those items relating to the spoken skills, whilst reading and writing skills account for only 10%. A similar result was to be perceived in the case of pharmacists and research scientists, where reading and writing were perceived as problem areas by only 9% and 8% respectively.

This apparent contradiction may be explained by the fact that prestigious biomedical journals, the BMJ, Hospital Update, Nature, etc., are all available in hospitals, institutes and pharmaceutical companies in Germany. In other words, our students are constantly exposed to the written word. Since the role of syntax is less important in receptive than in productive language skills, reading competence is not so difficult to acquire. Our 'medicos' are used to scanning or skimming to discover new information relating to their research field. In a similar way, writing in a medical context does not pose many difficulties. Very often, a student whose oral proficiency is assessed at 5 on the R.S.A. grading scale (intermediate level) produces an almost flawless piece of writing in his/her specialism.

A similar picture seems to be emerging in France, as John Olsen & Pamela Albert report (EMP Newsletter 2,2, 1985): *"Medical professionals in France often acquire an adequate reading knowledge of English through self-study, being particularly proficient in their specialist areas... There are signs of a growing need for 'clinical' English...many physicians are admitting to problems of doctor/patient communciation in English."*

Implications

What implications do these findings have for the EMP course designer, author or teacher ?

Generally speaking, a course which aims to foster all 4 skills is usually ideal. On the basis of the needs analyses and my own experience in this field, however, the emphasis in course design and teaching might best be placed on oral communication skills. The main linguistic components for consideration might include the following:

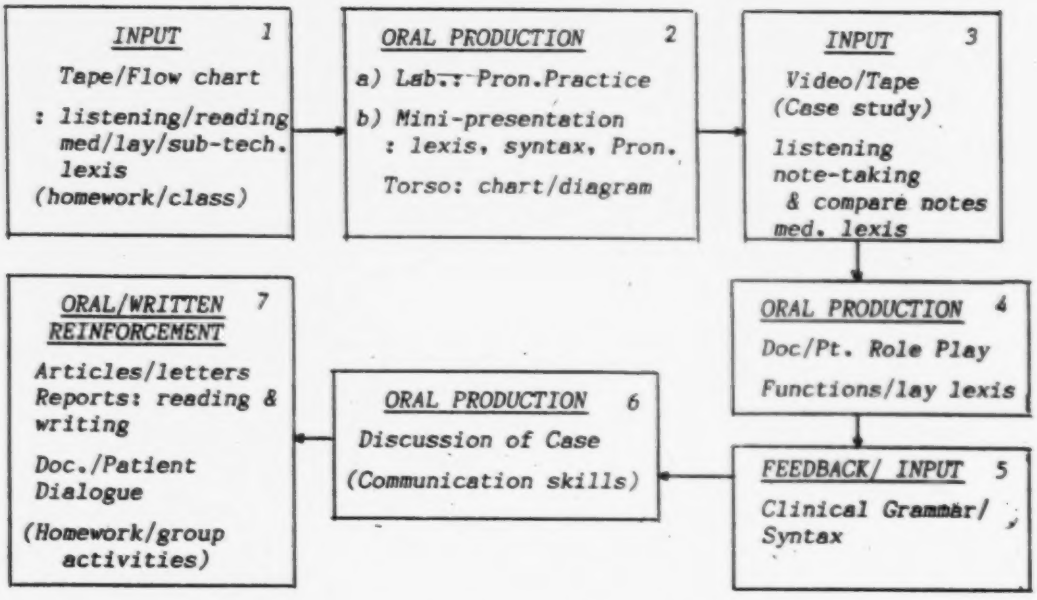
1. *SYNTAX*	*Clinical Grammar* *(tenses, adverbs, relatives, etc.)*
2. *FUNCTIONS*	*Requests/Instructions* *e.g. as required in Doc/Pt. situation*
3. *PRONUNCIATION*	*a) Medical Terminology* *e.g. oesophage'al ; anae'mia*
	b) Sub-technical Vocabulary *e.g. anal'ysis ; hypoth'esis*
4. *LEXIS*	*a) Sub-technical: e.g. stimulate, promote*
	b) Non-technical (Doc/Pt.) e.g. bowels, spine
5. *DISCUSSION SKILLS*	*(Doctor/doctor communication)* *: agree/disagree/stall, etc.*
6. *CONFERENCE SKILLS*	*(Presenting Papers)* *: intonation, stress, discourse markers, etc.*

For obvious reasons, all these linguistic items could not be incorporated into one course. I would suggest a two-tier system. Part 1 might incorporate items 1-4 (above), while Part 2 could be treated as a separate entity and be offered as a topic-based course. The former would involve more careful planning and selection of materials, while the latter might be largely organised by the students themselves, with some guidance from the teacher. Ideally, students should be encouraged to do both courses. As long as there is room for individual practice and learning, mixed abilities should not pose too many problems - providing there is a cross-section of abilities, and not a situation where the balance is tipped in favour of one or another ability level.

The important criteria, then, are the needs rather than the ability. A topographical approach for Part 1 would include exactly those areas that students need practice in: pronunciation of parts of the anatomy & related diseases; functional items for doctor/patient communication; mini-presentations of a topographical nature (e.g. urinary or cardio-vascular system); lay terminology relating to complaints or diseases,and some practice in sub-technical lexical items ('the kidney produces a substance called renin and discharges it into the blood'). An integrated approach for this part of the course would have the advantage of fostering all 4 skills, with special emphasis on oral 'core' fluency, a pre-requisite for Part 2 of the course. Figure 3 (below) shows what a unit for Part 1 might look like. This kind of integrated approach also has the advantage of providing the basic linguistic items relating to physiological functions and pathological phenomena, while ensuring optimal oral practice in exactly those areas which pose the greatest problems.

Figure 3: The Integrative Approach: Unit on The Digestive System

Duration: 2 to 3 Hours



An integrated approach could also be applied to Part 2 of the course, combining discussion skills, conference skills and presentation skills, based on topics of interest chosen by the students themselves. From an empirical standpoint, well-chosen topics are essential to motivation and language production, for *"Language is best acquired not as a goal in itself but as a by-product of the pursuit of content."* Reading and talking about the structure of the brain is not likely to stimulate good discussion. Neither are long, sophisticated, technical articles in highly-specialised areas of medicine. However, up-to-date articles on topics relevant to the medical community at large (e.g. preventive medicine, new drugs, etc.) are likely to stimulate language production and promote lively communication. The same goes for articles in general medical journals relating to current research or innovations, especially in topical areas like AIDS, nuclear medicine or cancer research. In our experience, doctors' classes tend to comprise representatives from a wide range of specialisms; if one does not opt for materials reflecting a 'common denominator' of student interest, one risks a situation where a number of students are excluded from a very specialised discussion, and those students whose speciality the topic covers may proceed to go into great detail, boring and perhaps antagonising the rest of the class. That level of specialist enthusiasm is better exploited in the 'presentation skills' session.

Each unit for Part 2, then, might include a presentation given by the student, the dates for which can be decided at the beginning of the course. Questions and feedback might then be followed by practice in 1 or 2 conference skills, e.g. rhetoric, intonation, discourse markers. If the presentation happens to be on a topic relevant to all the participants, then the topic can be taken up and expended upon in the discussion session, where the teacher introduces one or two discussion skillls which may be practised in the form of a game; e.g. the distribution of exponent cards which the students have to 'get rid of'. Finally, the availability of medical dictionaries, so that students (and teachers!) can check pronunciation & spelling,

is all part of the policy of making the students responsible for their own learning.

Conclusions

The diagnostic approach is instrumental in the orchestration of course design. Courses may be designed according to needs rather than ability; in terms of marketing, this should appeal to authors or EFL schools & institutions offering ESP courses for the medical professions.

The integrated 'therapeutic' model may be extended across the broad spectrum of medical personnel, catering for specific needs and problems in language learning. Such a system, using different materials, may be successfully applied to pharmacists and research scientists alike, since their needs and linguistic problems reflect the same picture.

Finally, if visual stimuli and the choice of topics are the key to successful motivation & language production, our rheumatologist will not come back and haunt us with:

"This is the sixteenth time I try to learn English"!

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This is a revised version of the paper presented at the 1986 IATEFL Conference, held at Brighton in April, '86.